David Mead

From: Elisa Ghezzi <eghezzi@comcast.net>
Sent: Monday, October 14, 2013 6:08 PM
To: David Mead
Subject: House Bill 4865 Testimony 10-15-13

Voiage Dental

October 14, 2013

Re: House Bill 4865 Health Policy Committee Testimony October 15, 2013

Dear Health Policy Committee:

As a private dental practitioner in the state of Michigan who serves the elderly providing care in long term care facilities, I am writing today in opposition to HB 4865 which has been referred to House Health Policy Committee. My professional career has been marked as an advocate in education, clinical practice, research, and policy for the elderly in obtaining appropriate oral health care. I am very concerned about the unintended deleterious consequences HB4865 will have on access to desperately needed oral health care for Michigan's populations unable to obtain care in a private practice setting as detailed below.

I am gravely concerned about the unintended consequences of the overregulation established in HB4865 and am requesting that I be included in meetings to discuss the significant implications of HB4865 on the care for Michigan's vulnerable populations. Thank you for your consideration.

Recommendations for changes to HB 4865 of 2013.

1) Add as Sec. 21615 (4):
(4) THE FOLLOWING ENTITIES ARE EXEMPT FROM THE REQUIREMENTS OF THIS PART:
(A) ANY MOBILE PRACTICE PROVIDING CARE TO THE ELDERLY AND ADULTS WITH SPECIAL NEEDS;
(B) ANY PA161 PROGRAM

Sincerely,

Elisa M. Ghezzi

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Mobile Dentistry Legislation

-Designed to address mobile dental care in schools

-Need for referral of children to dental clinics for follow up care

-Need for access to dental records and x-rays by dental clinics

Differences between needs of children and elderly

1) Location of Follow Up Care:
   -Children seen in schools by mobile dental providers for screening/preventive care can be transported to a dental clinic if they need comprehensive care.
   -Elderly seen in long term care facilities are seen by mobile dental providers because they are not able seen in a dental clinic. Follow up care occurs at the long term care facility by a mobile dental provider.

2) Treatment Needs:
   -Children with decay require immediate follow up care by a dentist for restorations to avoid abscesses and oral pain.
   -70% of treatment needs of elderly in long term care facilities can be provided by a hygienist (cleaning/assessment/x-rays/fluoride application). Only 30% of treatment needs of elderly in long term care facilities require a dentist and are rarely urgent.

3) Dental Provider Reimbursement for Treatment:
   -Dental reimbursement for treatment of kids referred from mobile practices is adequate to cover the cost of the comprehensive care (Medicaid/Healthy Kids Dental/Insurance/Private pay). Dentists would like to see these patients at dental clinics.
   -Most elderly in long term care facilities do not have access to funds (private pay) to cover the cost of treatment. Dentists are unable to provide comprehensive care to elderly with Medicaid in a mobile dental practice and cover the cost of care. No dental reimbursement for treatment of elderly exists through a Healthy Kids type model.

4) Memorandums of Agreement
   -Memorandums of Agreement for children can be obtained from a local dental clinic. Many providers will be reluctant or refuse to sign a legal binding document to provide care, when referrals can be made and care provided without an MOA and no legally binding responsibility.
   -Memorandums of Agreement for the elderly in long term care facilities require access to a mobile dental provider who provides comprehensive care. There are only a few dental providers in the entire state of Michigan who provide this care. The majority of the elderly in the state of Michigan do not have access to this care. Identification of providers willing to accept referrals to provide comprehensive care to residents of long term care facilities with Medicaid has been unsuccessful. Therefore, obtaining an MOA will be a greater challenge and equally unsuccessful. A dental clinic (FQHC/private practice) is unable to provide comprehensive care in a mobile setting and provide an MOA. Agencies who assist elderly in obtaining services recognize the inability to obtain comprehensive care for the elderly and will not be willing to sign an MOA to be legally responsible for this duty which they cannot perform.

5) Radiographs
   -Radiographs are used to diagnose dental caries in children. The inability of a mobile dental practice to take radiographs will significantly impede the ability to appropriately refer children for treatment as many early lesions requiring treatment are not able to be identified clinically.

-Radiographs in the elderly are used to assess bone loss and calculus under the gums to provide appropriate preventive care. Radiographs are also used to identify further treatment needs such as extractions and fillings. The inability of a mobile dental practice to take radiographs will impede the ability to provide appropriate preventive treatment (70%) of treatment needs in this group as well as to provide referral for further care (30% of treatment needs). A dentist identified to provide an emergency extraction on an elderly person in a long term care facility with Medicaid must first obtain a radiograph of the tooth prior to scheduling the extraction. The $25 reimbursement for an extraction will not cover the cost of this care and is prohibitive if requiring two visits to first obtain an x-ray then perform the extraction.

6) Overview

-Kids originally seen by a mobile dental practice can come to a dental clinic for comprehensive care with adequate compensation for dentists.

-Elderly originally seen by a mobile dental practice who cannot come to a dental clinic for comprehensive care and provide adequate compensation do not receive dental care. Requiring a memorandum of agreement would eliminate existing models of care. The elderly are not being referred for follow up care because of the lack of dentists capable of providing comprehensive care in a long term care facility.

Current models of mobile dental care for the elderly who cannot come to a dental clinic and who do not have access to funds to pay for care (majority of elderly in long term care facilities).

1) PA 161 Model

-Most PA161 programs are mobile dental providers; All PA161 programs in long term care facilities are mobile dental providers and would be obligated to HB4865

-Radiographs are required for appropriate preventive care and would not be able to be obtained without an MOA.

-PA161 programs are unable to identify providers willing to accept referrals to provide comprehensive care to residents of long term care facilities with Medicaid or insufficient funds

2) Dentist available for emergency on-site care

-Emergency on-site care is mobile dental care and any dentist providing this care would be obligated to HB4865

-Emergency on-site care including required x-rays will not be able to be provided if an MOA from a mobile dental provider of comprehensive care is not obtained.

-Providers would be obligated to obtain a permit and provide documentation of all care provided.

-The administrative burden of HB4865 is prohibitive to dentist availability for provision of emergency on-site care

3) Dentists willing to accept Medicaid to provide preventive care and extractions to residents of long term care facilities, but not fillings and denture work due to inadequate compensation.

- Any dentist providing this care would be obligated to HB4865

-No services will be able to be provided if an MOA from a mobile dental provider of comprehensive care is not obtained.